Manitoba Nursing Strategy:

Eight-Year Progress Report

APRIL 2008

Manitoba

The Manitoba Nursing Strategy, announced March 1, 2000, includes five targeted areas:

1. increase the supply of nurses
2. improve access to staff development
3. improved use of nurses
4. improve working conditions
5. increased opportunities for nurses' input into decision-making

Since 2000, great strides have been made to address these five target areas. Much has been done toward achieving the goals and targets set out in 2000. However, challenges remain and we need to continue to work toward building a sustainable nursing workforce in Manitoba.

To build on the accomplishments achieved since 2000, the Manitoba Nursing Advisory Council (MNAC) recommended the next steps and future directions for the Manitoba Nursing Strategy. MNAC has broad representation that includes the regional health authorities, unions, nursing education programs, nursing regulatory colleges and government. MNAC reached consensus on recommendations to enhance the Manitoba Nursing Strategy after a two-day workshop and consultation with their stakeholders. The recommendations in the 2008 Manitoba Nursing Strategy provide options to address new and emerging issues and needs.

The 2008 Manitoba Nursing Strategy: *Eight-Year Progress Report* updates achievements made since 2000 and includes recommendations from the Manitoba Nursing Advisory Council. The ongoing implementation of strategies to meet the five targeted areas will support the progress of building a sustainable workforce. It will also help Manitoba achieve its mission of ensuring its citizens have a health care system that provides care when and where it is needed.

Acknowledgements

Manitoba Health and Healthy Living would like to acknowledge the contributions of all nursing stakeholders in facilitating the ongoing success of Manitoba's Nursing Strategy. This report outlines achievements in nursing only made possible through the collaborative efforts of key nursing stakeholders. They include the regional health authorities, unions representing Manitoba's nurses, the Manitoba Advanced Education and Literacy, institutes of nursing education and nursing regulatory colleges. In this report, the actions to address each strategy are described along with their impact on the nursing workforce.

Strategy No. 1: INCREASING SUPPLY

Actions:

To improve the supply of nurses, strategies based on the expansion of nursing education programs and aggressive recruitment were implemented.

Nursing Education Initiatives:

2008:

- In May 2008, Brandon University will graduate the first students from its new program. It began in 2003/04.

2007:

- A 25-seat practical nurse training program was delivered at the St. Theresa Point First Nation by Assiniboine Community College (CACC) in collaboration with University College of the North.

2006:

- The second intake of 24 students for the rural licensed practical nurse to registered nurse education program began in September 2006. Gimli, Morden-Winkler and Dauphin were the sites selected for this intake. Funding for this education initative is ongoing and the next intake will take place when the current program concludes in September 2008.

2005:

- In May, the Council on Post Secondary Education (COPSE) approved an additional expansion to the Brandon University (BU) Registered Psychiatric Nursing (RPN) program. The expansion added 20 seats at the Winnipeg site and was implemented over a three-year period.
- In May, the rural licensed practical nurse to registered nurse education program began in Dauphin, Portage and Morden-Winkler.

2004:

- Manitoba Advanced Education and Literacy expanded the nursing program at Red River College (RRC) by an additional 74 seats. There were 20 seats added to the Joint Baccalaureate of Nursing program (JBN), 30 to the Diploma Nursing Accelerated (DNA) program, and 24 to the rural, licensed practical nurse to registered nurse education program.
- This was the first year of graduates, with a total of 13 nurses completing the français diploma program from the College universitaire de Saint-Boniface (CUSB).
- This was the first year of a four-year Baccalaureate of Nursing (BN) program offered by Brandon University (BU). Previously, the University of Manitoba nursing education program was offered at the BU campus.
- University College of the North (UCN) was given funds from the College Expansion Initiative for a 50-seat nursing expansion.

2001:

- The Brandon University Bachelor of Science in Psychiatric Nursing (BScPN) program was expanded, to include a 20-seat satellite program in Winnipeg.
- The three-year Français Nursing Diploma program was established at the College universitaire de Saint-Boniface.

2000:

- To increase the numbers of registered nurses in the workforce more quickly, the second degree option was introduced by the University of Manitoba. It allows students who have completed a degree in another discipline to obtain a BN in another two years.
- The province introduced a 25-month accelerated diploma program for registered nurses at Red River College with a capacity for 102 students per year.
- The number of seats in the Assiniboine Community College (ACC) licensed practical nurse (LPN) program were increased from 90 to 190.

Enrolments:

Manitoba now educates close to three times more nurses than in 1999, and programs continue to be fully subscribed.

Table 1: **Numbers of Students Enrolled by Program**

Source: Council on Post Secondary Education, 2007

Nursing Education Program	2006/07	1998/99
U of M BN	1,835	961
RRC Accelerated Diploma	333	7 (no program)
KCC Diploma	n/a	4
CUSB Diploma Nursing	69	0 (no program)
BU - BScN	315	0 (no program)
RPN all sites	211	73
LPN	352	78
Total	**3,115**	**1,123**

Includes students enrolled in all nursing education programs. The 1998/99 enrolment numbers at RCC and KCC are for the final students of the cancelled diploma programs.

Graduates:

As a result of increasing the number of nursing education seats, the number of graduates has more than tripled since 1999. In 2006, a total of 706 nurses graduated, over three times the number of nurses that graduated in 1999 (227).

In 2006, there were 407 graduates from initial RN education programs in Manitoba. The 2006 *Annual Report of the College of Registered Nurses of Manitoba* shows that 347 of these graduates registered with the college, giving Manitoba an 85.3 per cent retention rate for new graduates.

Recruitment:

- The Nurses Recruitment and Retention Fund (NRRF) was established in 1999 to recruit and retain registered nurses, registered psychiatric nurses and LPNs.
- Relocation assistance is one component of the "Come Home to Manitoba" campaign, which since 1999 continues to offer funding for nurses relocating to Manitoba. Nurses relocating to Manitoba and working in a position for a minimum of one year are eligible to receive up to $5,000 to offset the costs associated with moving.
- In July 2004, the NRRF implemented the Conditional Grant Program to encourage new RN, RN(EP) and RPN graduates to work in rural areas (outside Winnipeg and Brandon) and northern communities where recruitment has been a challenge. New graduates, who meet the criteria, receive a $4,000 grant to relocate.

- From 1999 to 2006, financial assistance for up to 80 per cent of course costs (up to a maximum of $2,000) was available for nurses to complete refresher programs and return to the nursing profession.
- In 2000, to improve the image of nursing and promote nursing as a profession, Manitoba Health allocated funding to the University of Manitoba's Faculty of Nursing to launch an aggressive two-year recruitment and advertising campaign.
- In 2000, 100 nursing positions (65 RN and 35 LPN) were allocated under the Provincial Nominee Program.

The Nurses Recruitment and Retention Fund (NRRF) and the regional health authorities (RHAs) continue to successfully attract nurses into the Manitoba workforce. As of December 31, 2007:

- 269 rural vacancies had been filled (239 RNs, 1 RN(EP), 29 RPNs). The Conditional Grant Program has provided over $1 million as incentives to recruit nurses to rural and northern RHAs.
- 973 nurses (825 RNs, 24 RPNs, 124 LPNs) had accepted nursing positions for a one-year minimum duration and received relocation assistance.
- 496 nurses (371 RNs, 17 RPNs, 108 LPNs) had received funding to assist with the costs of refresher courses, and committed to work as nurses in Manitoba for a minimum of one year.

Impact:

Improved nursing supply is evidenced by enrolment to nursing education programs, graduates, recruitment, and changes in the Manitoba nursing workforce.

Nursing Workforce:

Based on data supplied by the nursing regulatory colleges in 2007, there are 1,789 more nurses practising in Manitoba.

Table 2: **Total Practising Nurses by Year**

Year	RN Total Practising	RN(EP) Total Practising	RPN Total Practising	LPN Total Practising	All Nurses Total Practising
1999	10,792	n/a	1,037	2,263	14,092
2000	10,820	n/a	1,028	2,327	14,175
2001	10,827	n/a	1,013	2,410	14,250
2002	11,072	n/a	996	2,486	14,554
2003	11,353	n/a	992	2,626	14,971
2004	11,624	n/a	984	2,688	15,296
2005	11,800	4	976	2,765	15,545
2006	11,811	32	978	2,860	15,681
2007	11,980	49	963	2,889	15,881

Nursing Vacancies:

Nursing vacancy data is collected annually by the regional health authorities and submitted to the Workforce Policy and Planning Branch, Manitoba Health and Healthy Living.

Since 2000, an additional 3,340 nursing and health care aide positions have been created across the province. This represents a 20 per cent increase in nursing positions available in Manitoba. At the same time, the vacancy rate has increased from 8.4 per cent in 2000 to 9.8 per cent in 2007, – down from 11.3 per cent in 2002.

Table 3: Provincial Vacancy Rates by Year

Nursing Positions by Classification	Permanent and Term Positions Vacant 2000	Permanent and Term Positions Vacant 2001	Permanent and Term Positions Vacant 2002	Permanent and Term Positions Vacant 2003	Permanent and Term Positions Vacant 2004	Permanent and Term Positions Vacant 2005	Permanent and Term Positions Vacant 2006	Permanent and Term Positions Vacant 2007
RN	853	1,213	1,284	891	639	661	835	995
RPN	44	69	106	91	64	48	70	86
LPN	145	136	197	139	99	105	117	190
HCA	362	431	488	385	309	423	524	704
Total Vacancies	1,404	1,849	2,075	1,506	1,111	1,237	1,546	1,975
Total Positions	**16,811**	**17,935**	**18,369**	**18,161**	**18,497**	**19,014**	**19,418**	**20,105**
Vacancy Rate	**8.4%**	**10.3%**	**11.3%**	**8.3%**	**6.0%**	**6.5%**	**8.0%**	**9.8%**

Increasing the Supply of Nurses:

MNAC recommends the following enhancements to nurse education opportunities to further increase the supply of nurses in Manitoba:

Issues Faced by Nursing Educators

Action is recommended for employers, unions and government to address salary discrepancies between nurses in education and those in the health sector. The goal is to sustain the nursing education system and consequently, the supply of nurses.

Action is recommended to increase funding to provide additional masters and PhD seats in nursing education institutions.

Enhancing Access to Post Secondary Education

It is recommended that government increase access to post secondary education with additional funding to:

- increase the number of Aboriginal students successfully entering and completing nursing education programs
- address the educational needs of non-Canadian educated nurses who want to enter the Manitoba nursing workforce
- increase accessibility to undergraduate nursing education for rural and northern Manitobans

Clinical Placements

It is recommended that government, in collaboration with nursing education programs conduct an evaluation of HSPnet to determine its effectiveness in achieving its goals. Its goals are to identify, co-ordinate and access appropriate clinical placement opportunities for all nursing programs.

Retention of New Graduates

It is recommended that government promote nursing opportunities in Manitoba and actively encourage new graduates to stay in the province.

Strategy No. 2:
IMPROVING ACCESS TO STAFF DEVELOPMENT

Actions:

Increased opportunities for nurses' professional and personal development have been facilitated through the collaboration of RHAs, Manitoba Nurses Union (MNU) and Manitoba Health and Healthy Living.

- Since 2001, the Nurses Recruitment and Retention Fund (NRRF) has allocated more than $8.5 million to the regional health authorities to support nurses' continuing education.
- Examples of educational initiatives attended by nurses include specialty certifications, conferences, workshops and university courses.
- Nurses may access these funds by contacting their regional continuing education committees.

Table 4: **Continuing Education Allocations by RHA**

Regional Health Authority (RHA)	Total Allocations Approved 2001/02 – 2007/08
Assiniboine RHA	$556,796
Brandon RHA	$563,481
Burntwood RHA	$181,739
Central RHA	$761,742
Churchill RHA	$29,579
Interlake RHA	$638,263
North Eastman RHA	$175,654
NorMan RHA	$224,350
Parkland RHA	$346,960
South Eastman RHA	$293,046
Winnipeg RHA	$4,790,460
TOTAL FUNDING:	**$8,562,070**

Impact:

Nursing stakeholders indicate that staff development is important to nurses and supports retention, workplace morale and the quality of patient care.

Strategy No. 3:
IMPROVING USE OF NURSES

Actions:

Key nursing stakeholders have engaged in a variety of activities to enhance the use of nurses within Manitoba.

- Manitoba Health, the Manitoba Nurses Union and the RHAs reviewed staffing levels in personal care homes (PCH) in Manitoba in 2006 for the first time in over 30 years. In response to that review, Manitoba Health announced over $40 million in November 2007 to add 400 more staff to Manitoba's personal care homes, as well as:
  - an increase in the number of unannounced follow-up visits
  - improved education for PCH staff, including training about Alzheimer's disease and dementia
  - an internationally-developed assessment tool for the province to help nurses and other staff ensure residents get the care they need and to monitor the quality of all PCHs
- On June 15, 2005, a new regulation came into effect. It allows registered nurses, who meet the College of Registered Nurses of Manitoba (CRNM) qualifications, to independently order diagnostic tests, prescribe drugs and perform certain medical procedures. Nurses who are on the extended practice register can address gaps in the health care system, add to current services, augment nursing expertise and increase public access to health care.
- The Provincial Joint Committee, with members from urban and rural RHAs and the Manitoba Nurses Union, was set up after the 2002 round of collective bargaining with the MNU. It addresses the issue of full-time/part-time nursing staff ratios. In February 2004, all parties agreed to create full time positions through attrition.
- In 2001, the College of Licensed Practical Nurses of Manitoba (CLPNM) was funded to explore the feasibility of using LPNs in operating rooms and dialysis units. The report was approved by the CLPNM in 2004.
- Health Sciences Centre (HSC) did a pilot project to re-introduce LPNs to surgical units. LPN positions were then made permanent on the two units involved. RHAs have been encouraged to use more LPNs in acute care settings, including tertiary centres.

Impact:

Nurses are being used to a greater extent in the health care system.

- The RN(EP) register came into effect on June 15, 2005 and four nurses were registered as RN(EP)s by August 2005. As of April 1, 2008, 52 nurses are on the RN(EP) register.
- The RHAs are continuing to gradually increase full time positions and reduce the number of positions that are half time or less. Since 2000, the RHAs have created an additional 1,713 full time positions and the percentage of full time positions has increased from 39 per cent to 41 per cent.

RNs, RPNs, LPNs, HCAs	2000	2007
Total number of FT positions (1.0 EFT)	6,533	8,246
Total Number of positions	16,811	20,105
Percentage of positions FT	39%	41%

The most significant results of these efforts can be seen with the RNs who make up 68 per cent of the regulated nursing workforce. Since 2000:

- there has been a provincial increase of 1,425 RN positions, 73 per cent (1043) of these new positions are full time
- the percentage of RN positions that are full time has increased from 39 per cent to 45 per cent
- there has been a provincial decrease in the number of RN positions that are half time or less, from 2,571 to 2,458
- the percentage of RN positions that are half time or less has decreased from 33 per cent to 26 per cent
- the average full time position has increased from 0.727 to 0.757

RNs only	Total number of positions	Average EFT per position	% of positions at 0.1 – 0.5 EFT	Total number of positions at 0.1 – 0.5 EFT	% of positions at 1.0 EFT (% FT)	Total number of 1.0 EFT positions (FT)
2000	7,876	0.727	33%	2,571	39%	3,099
2001	8,627	0.735	31%	2,689	41%	3,568
2002	8,650	0.736	31%	2,677	42%	3,629
2003	8,459	0.732	31%	2,628	41%	3,445
2004	8,515	0.753	29%	2,462	44%	3,766
2005	8,848	0.754	27%	2,426	45%	3,960
2006	9,112	0.755	27%	2,463	44%	4,046
2007	9,301	0.757	26%	2,458	45%	4,142

Improving the Use of Nurses:

MNAC recommends the following actions be taken to ensure that Manitoba promotes the full use of nurses:

Barriers to Practice

It is recommended that government support an increased understanding of the scope of practice of all nurses within the health care delivery system. The goal is to promote full use of the nursing workforce.

It is recommended that government promote and support nurses as one of the access points to services.

Matching Services to Population Needs

It is recommended that government commit to health, human-resource planning that reflects the health needs of the population.

It is recommended that government commit to continued investment in prevention and health promotion and improved co-ordination of existing resources.

Personal Care Homes

It is recommended that government ensure nurses are a critical part of implementing the new staffing guidelines for personal care homes.

Strategy No. 4:
IMPROVING WORKING CONDITIONS

Action:

The Minister of Health established the Worklife Task Force in March 2000. The mandate of the task force was to examine issues affecting nurses' working conditions and their workplace environment. Direct care nurses, employers and nursing stakeholder groups contributed to the Worklife Task Force Report released in June 2001.

- In 2004, a policy was developed and approved by the Joint Nursing Council to protect nurses from violence in the workplace. The policy ensures that all RHAs and health facilities in Manitoba have both a zero-tolerance policy (prohibiting violence in the workplace) and appropriate measures to protect nurses from violence in the workplace.
- Revisions to the policy were made in 2007 to align with the new Workplace Safety and Health Regulation.
- In 2003, as a result of the Worklife Taskforce Report, the Joint Nursing Council identified safety and security as a top priority. There was $700,000 earmarked from the nursing strategy budget to improve nurses' working environments throughout Manitoba. This one-time allocation of funds was distributed among RHAs based on the proportions of nurses in each region. The RHAs were directed to establish a working group with at least 50 per cent front-line nurses. The working group was responsible for evaluating local issues of workplace safety and developing proposals for equipment needs to enhance environmental well-being. The funds were intended to support safety and security measures often overlooked in the allocation of other equipment funding.
- In 2001, $500,000 was provided to install piped-in oxygen and suction equipment in the Women's Hospital at HSC. This makes it easier for nurses to provide post-operative care at the Women's Hospital, and leaves more time to focus on bed side patient care. Before the installation, portable oxygen tanks and suction machines had to be physically moved around the surgical unit. Nurses found this awkward and potentially hazardous to both staff and patients.
- In 2000, $1.5 million was allocated to the WRHA, to acquire basic equipment identifed by nurses as necessary for workplace improvements. Equipment such as IV pumps, wheelchairs, blood pressure devices, IV poles, commodes and oximeters were purchased. The equipment was allocated to acute care and long term care facilities throughout the WRHA.

Impact:

Working conditions are being addressed through policy and funding initiatives.

- All RHAs and health facilities in Manitoba have a zero-tolerance policy. It prohibits violence against nurses in the work place.
- The installation of signs by regional health authorities to increase awareness of workplace violence and harassment as a preventive measure was initiated in 2008.
- The safety & security funding helped with a wide variety of purchases. Nursing stakeholders find that having the necessary equipment to provide care is important. It promotes the retention and morale of nurses and contributes to quality care.

Table 8: **2003 Safety and Security Fund Regional Distributions**

RHA	Allocation	Purchases
Assiniboine	$43,680	cordless phones, walkie talkies, sharps containers, safety kits, luggage carriers
Brandon	$44,030	security, lighting and alarms, CPR masks/shields, cell phones, winter survival kits
Burntwood	$13,440	satellite phones, lighting, portable battery booster packs
Central	$58,590	slider boards, hand-held radios, lighting, education for aggression management, winter survival and first aid kits, electronic lifts, magnetic door holders, security camera
Churchill	$5,270	ergonomic chairs, slider boards, safety floor mats, glove dispensers, mini radios for night communication
N. Eastman	$17,710	cell phones, dandy lift table, key pad and peephole, nurse bags, chairs, lighting, intercom, companion phones, electronic door releases, slides for client transfers, transfer belts
S. Eastman	$23,450	winter survival kits, panic alarm system, portable phones, animal disabler
Interlake	$52,570	lighting, gate, automatic door lock and touch pad, cell phones, panic buzzers, personal alarms
Norman	$13,720	winter survival kits, pocket airways, cell phones, buzzer system, satellite phones, keyless entry system
Parkland	$26,530	cell phones, sateilite phone, vehicle keyless entry system, winter survival kits, improved lighting, non-violent crisis intervention training
Selkirk Mental Health Centre	$7,010	two-way radios, ergonomic chairs
Winnipeg	$394,000	cell phones, violence in the workplace education

Improving Working Conditions:

MNAC recommends the following actions be taken to ensure that Manitoba promotes the full use of nurses:

Mentoring and Transition Supports for Nurses

It is recommended that government recognize and support the development of programs within worksites to support nurses moving into new positions.

Malfunctioning and Outdated Equipment and Supplies

It is recommended that government increase funding to replace non-functional and outdated equipment and supplies used by nursing for daily patient/resident care and ensure that such funds are used as intended.

Workloads and Staffing

It is recommended that government provide sufficient funds to all employers to allow for the relief staff required to maintain baseline staffing.

Respectful and Safe Workplaces

It is recommended that government direct health care workplaces/RHAs to adhere to zero-tolerance policies and develop mechanisms for follow-up.

It is recommended that government direct health care workplaces/RHAs to make the zero-tolerance policy public in the facilities.

It is recommended that government direct health care workplaces/RHAs to develop mechanisms to improve security for staff.

Training on Information Technology

It is recommended that government support nurses in developing the knowledge and skills required for the current implementation of information technology.

Strategy No. 5:
INCREASING INPUT INTO DECISION-MAKING

Action:

The Province of Manitoba has made it a priority for nurses' voices to be heard. Nurses have opportunities to be involved in decisions that affect their careers through a number of forums. Also, legislation has been amended to enable nurses to participate on the boards of regional health authorities and health facilities.

Joint Nursing Council (JNC)

- The JNC was established during negotiations with the Manitoba Nurses Union (MNU) in 2002. It is chaired by the Minister of Health. Members come from MNU, urban and rural regional health authorities and government.
- The council addresses matters such as working conditions, recruitment and retention, improving patient care and promoting efficient management within the health system.
- Nursing supply is another key issue the JNC monitors and discusses on an ongoing basis.
- One of the first recommendations of the JNC was to allocate funds to the RHAs to address workplace safety. Based on this recommendation, one time funding in the amount of $700,000 was allocated to the Safety and Security Fund in March 2003. The goal is to support initiatives to make nurses' work environments safer.

Manitoba Nursing Advisory Council (MNAC)

- MNAC was established in June 2001. Membership includes representatives from nursing educational institutions; nursing regulatory bodies; unions representing nurses and nursing support staff; regional health authorities; Manitoba Advanced Education and Literacy; Manitoba Competitiveness, Training and Trade; and Manitoba Health and Healthy Living.
- Directed by the Minister of Health, MNAC provides comprehensive expertise on nursing matters, reviews options to address nursing issues, and supports the implementation of Manitoba's nursing strategy.
- Recently, MNAC members engaged in a planning process to develop the next steps and direction for enhancing Manitoba's nursing strategy.
- As a result of a two-day workshop and a consultation process with stakeholder groups, MNAC reached consensus on a comprehensive nursing strategy for the province.
- From 2001 to 2003, the recommendations of the Worklife Task Force Report were reviewed and prioritized for action.
- The work of MNAC is consistent with, and parallel to, the national direction provided by the 2002 Canadian Nursing Advisory Committee (CNAC) report. In March 2004, the council responded to a national environmental scan on the implementation of the CNAC recommendations by reviewing and discussing 23 of the 51 recommendations of the report.

Provincial Joint Committee on Full time/Part time Nursing Staff Ratios

- Established during negotiations with MNU in 2002, employers worked collaboratively with nurses on a process for increasing full time nursing positions.

Nurses Recruitment and Retention Fund

- Since 1999, the MNU, RHAs and Manitoba Health have worked in partnership to enhance the delivery of health services in Manitoba by addressing issues related to nursing supply.

Impact:

Nurses have become more involved, and provided input into the health care decisions that affect their careers and work life, at both government and organizational levels.

Increasing Input into Decision-Making:

MNAC recommends the following additional measures be taken to further enhance nurses input into decision-making broadly across the province:

Manitoba Nursing Advisory Council

It is recommended that government continue to support the Manitoba Nursing Advisory Council in its capacities, specifically:

- in an advisory capacity to the Minister on nurses' contribution to the health of Manitobans
- that MNAC continue to be chaired by the Deputy Minister of Health and Healthy Living
- that MNAC be supported by Manitoba Health Workforce Policy and Planning staff and
- that there be a commitment made by the Minister to respond to the issues raised and recommendations made

Chief Nursing Officers

It is recommended that government advise health care employers to develop and/or maintain mechanisms that facilitate nursing input into discussions and decision-making processes that are employed by executive management. Accordingly, the organizational structure must ensure that a minimum of one member of the senior management team has a nursing profession designation.

Managers being Nurses

Ideally, in areas where the workforce is primarily nurses, it is recommended that the immediate supervisor be a nurse; and all nurses should have avenues to provide input into decision-making and raising clinical issues.

Input into Capital Projects

It is recommended that every capital project involving nurses' work environments, have direct-care nurse input during the planning process.

Health Care Delivery Models

It is recommended that nurses be included in planning health care delivery models such as innovative models in primary health care, access to care and wait time reduction.